OMB Number: 2030-0020 Expiration Date: 04/30/2021

## **EPA KEY CONTACTS FORM**

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix	κ: Mr.		First Name: William	m			ı	Middle Name:			
	Last	Name:	McKain						Suffix:			
Title:	tle: County Manager											
Complete Address:												
Street1: 436 Grant Street												
Street2:												
City: Pitts		Pittsb	urgh	State:	State: PA: Pennsylvania							
Zip / Postal Code		Code:	15219	Countr	Country: USA: UNIT			ED STATES				
Phone Number		er:	412-350-530		<u>Fa</u>	x Numb	er:					
E-mail A	E-mail Address:		William.McKain@alleghenycounty.us									
Payee: Individual authorized to accept payments.												
Name:	Prefix	κ: Mr.		First Name: Keith				ı	Middle Name:			
	Last	Name:	Horner						Suffix:			
Title: Finance Manager												
Complete Address:												
Street	t1:	542 Fc	urth Avenue	2								
Street	t2:											
City:	[	Pittsk	urgh		State:	PA:	Pennsyl	vania				
Zip / Postal Code:		Code:	15219	Countr	Country: USA: UNITED STATE							
Phone N	Numb	er:	412-578-808		Fax Number:							
E-mail A	Addre	ss:	Keith.Horne	er@alleghenycounty.	us							
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).												
Name:	Prefix	r: Mr. First Name: Keith							Middle Name:			
	Last	Name:	Horner						Suffix:			
Title:	Fina	ance M	anager									
Comple	te Ad	dress:										
Street1: 436 Grant Street												
Street2:												
City:	[	Pittsk	urgh	State:	PA:	PA: Pennsylvania						
Zip / Postal Code:		Code:	15219	Countr	Country: USA: UNITED STATE			res				
Phone Number:		412-578-8089 Fax Number:										
E-mail Address:		Keith.Horner@alleghenycounty.us										

EPA Form 5700-54 (Rev 4-02)

## **EPA KEY CONTACTS FORM**

Project Manager: Individual responsible for the technical completion of the proposed work.

Name:	Prefix: Ms.	First Name:	Jayme	Middle Name:							
	Last Name:	Graham		Suffix:							
Title:	Project M	anager									
Complete Address:											
Stree	t1: 301 3	9th Street									
Stree	t2:										
City:	ity: Pittsburgh		State: PA: Penns	sylvania							
Zip / Postal Code:		15201	Country: USA: UN	Country: USA: UNITED STATES							
Phone Number:		412-578-8129	Fax Nun	mber:							
E-mail Address:		Jayme.Graham@alleghenycounty.us									